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## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_

Registered No. 73

## 1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Antonio Ramery } If child is not yet named, make supplemental report, as directed.3. Sex of Child To be answered ONLY In event of plural births. } 4. Twin, triplet or other. } 5. Legitimate? } 7. Date Sept 3 1931  
of birth Month Day Year

8. FATHER 14. MOTHER

Full name Antonio Ramery Full maiden name Josefa Vencis9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden

If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday (Years) 20 16. Color or race Mex 17. Age at last birthday (Years) 3012. Birthplace (city or place) Mexico 13. Birthplace (city or place) Frontier

(State or country) (State or country)

13. Occupation Labour 19. Occupation House Wife

Nature of Industry Nature of Industry

20. Number of children of this mother. } (a) Born alive and now living 5 21. Were precautions taken against oph-  
(Taken as of time of birth of child herein thalpia neonatorum?)  
certified and including this child.) } (b) Born alive but now dead 0 }  
(c) Stillborn 0 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive or stillborn at 4:20 a.m. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles H. H. H. H. H.

(Physician or midwife)

Given name added from a supplemental report. Address Hayden, Arizona

Month, day, year \_\_\_\_\_

Registrar. Filed Sept 3 1931 Registrar.

199-903-152

USE OF THIS FORM FOR ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF THIS FORM MUST BE INDICATED IN THE SPACE PROVIDED FOR EACH IN ORDER OF BIRTH STATED.